



05-2123

0714

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Aaron T. Jones
Appl. No.: 09/680,349
Filed: October 5, 2000
Title: GAMING DEVICE PROVIDING PAY TABLE INFORMATION FOR A
SYMBOL THROUGH SELECTION OF THE SYMBOL
Art Unit: 3714
Examiner: Corbett B. Coburn
Docket No.: 0112300-030

RECEIVED

MAY 29 2003

TECHNOLOGY CENTER R3700

Mail Stop No Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10

Sir:

I hereby certify that the following documents relating to the above-identified application:

1. Amendment Transmittal Letter (Large Entity) (1 page);
2. Response to Final Office Action (23 pages);
3. Supplemental Declaration (3 pages);
4. Slots Article (6 pages);
5. A postcard which we ask you to date stamp and return.

are being deposited with the United States Postal Service with sufficient postage as
Express Mail in an envelope addressed to:

Mail Stop No Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on May 23, 2003.

Respectfully submitted,

BELL, BOYD & LLOYD LLC

Robert Buccieri

Name of Person Mailing Correspondence

Signature

EV 351 201 866 US

Express Mail Mailing Label Number

1 EV351201866US

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Aaron T. Jones**

Docket No.

0112300-030

Serial No.

09/680,349

Filing Date

October 5, 2000

Examiner

Corbett B. Coburn

Group Art Unit

3714Invention: **GAMING DEVICE PROVIDING PAYABLE INFORMATION FOR A SYMBOL THROUGH SELECTION OF THE SYMBOL****MAY 23 2003****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	46 -	46 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	8 -	8 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **02-1818**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.



Signature

Dated: **May 23, 2003**

Adam H. Masia (Reg. No. 35,602)
BELL, BOYD & LLOYD LLC
P. O. Box 1135
Chicago, Illinois 60690-1135

RECEIVED**MAY 29 2003****TECHNOLOGY CENTER R3700**

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC:

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Aaron T. Jones

Docket No.

0112300-030

Serial No.

09/680,349

Filing Date

October 5, 2000

Examiner

Corbett B. Coburn

Group Art Unit

3714

Invention: **GAMING DEVICE PROVIDING PAY TABLE INFORMATION FOR A SYMBOL THROUGH SELECTION OF THE SYMBOL**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	46 -	46 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	8 -	8 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

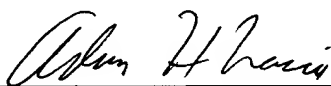
- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

RECEIVED

MAY 29 2003

TECHNOLOGY CENTER R3700

Dated: May 23, 2003



Signature

Adam H. Masia (Reg. No. 35,602)
BELL, BOYD & LLOYD LLC
P. O. Box 1135
Chicago, Illinois 60690-1135

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: